TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
PATIENT CARE INJURY CLINIC

MFDR Tracking Number
M4-18-0095-01

MFDR Date Received
September 8, 2017

Respondent Name
ACE AMERICAN INSURANCE COMPANY

Carrier's Austin Representative
Box Number 15

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We obtained preauthorization according to division rules and regulations. The service dates in question are in fact recommended by the treating doctor on file per the Texas Department of Insurance. We feel that our facility should be paid according to the workers compensation fee schedule guidelines."

Amount in Dispute: $3,915.70

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This employer participates in the Coventry Health Care Network and the claimant was properly notified of the employer's network status prior to services rendered. The provider in question is not part of the appropriate network and therefore reimbursement is not owed."

Response Submitted by: ESIS

SUMMARY DISPUTED SERVICES

Date(s) of Service	Disputed Service(s)	Amount In Dispute	Amount Ordered
June 23, 2017 through July 19, 2017	G0283, 97110-GP, 97140-GP, 97112-GP	$3,915.70	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all-applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307, sets out the procedures for resolving medical fee disputes.
2. 28 Texas Insurance Code Chapter 1305 applicable to Health Care Certified Networks.
3. The services in dispute were denied by the respondent with reason code(s)
    - 2 – Not approved provider
    - B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service

Issue

1. Did the requestor obtain a referral approval from the certified network to treat the injured employee?
2. Is this dispute eligible for medical fee dispute resolution pursuant to 28 Texas Administrative Code §133.307?

Findings

The requestor filed this medical fee dispute with the Division requesting resolution pursuant to 28 Texas Administrative Code (TAC) §133.307 titled *MDR of Fee Disputes*. The authority of the Division of Workers' Compensation is to apply the Texas Labor Code (TLC) statutes and rules, including 28 TAC §133.307 and is limited to the conditions outlined in the applicable portions of the Texas Insurance Code (TIC), Chapter 1305. In particular, TIC §1305.153 (c) provides that "Out-of-network providers who provide care as described by Section 1305.006 shall be reimbursed as provided by the Texas Workers' Compensation Act and applicable rules of the commissioner of workers' compensation." The requestor therefore has the burden to prove that the condition(s) outlined in Texas Insurance Code §1305.006 were met in order to be eligible for dispute resolution. The following are the Division's findings.

1. The services in dispute were denied with reduction code(s) "2 – Not approved provide" and "B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service." Texas Insurance Code Section 1305.006 requires, in pertinent part, that "(3) health care provided by an out-of-network provider pursuant to a referral from the injured employee's treating doctor that has been approved by the network pursuant to Section 1305.103." The requestor, therefore has the burden to prove that it obtained the appropriate referral from the certified healthcare network for the out-of-network care it provided.

   The requestor, in its position summary states in part, "We obtained preauthorization according to division rules and regulations." Although a letter dated June 22, 2017 supports that the Shelly Hensel received preauthorization from the Certified Network to render the services in dispute, no documentation was found to support that the requestor received a separate referral from the Certified Network. The Division concludes that the requestor did not receive a referral authorization from the Certified Network; thereby failing to meet the requirements of Texas Insurance Code Section 1305.006(3).

2. The requestor failed to prove in this case that that the requirements of Texas Insurance Code Section 1305.006(3) were met. Consequently, the services in dispute are not eligible for medical fee dispute resolution pursuant to 28 Texas Administrative Code §133.307.

DECISION

Based upon the documentation submitted by the parties, the Division has determined that this dispute is not eligible for resolution pursuant to 28 Texas Administrative Code §133.307.

Authorized Signature

Signature	Medical Fee Dispute Resolution Manager	September 22, 2017 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).